

Sheet1

IPDR6702		NORTH CAROLINA				PAGE: 1			
RUN DATE: 12/23/2003		IPRS CHECKWRITE SUMMARY REPORT							
		CHECKWRITE DATE: 12/29/2003							
		FINANCIAL PAYER: NCDMH							
								TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL		CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID	
3404901	SMOKY MOUNTAINM H/DD/SAS	8931	265	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.					
		8599	208	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	376	862	8548	7686	
		8935	81	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.					
3404902	BLUE RIDGE COMM UNITY	11	31	CLIENT NOT ELIGIBLE ON SERVICE DATE					
		0	0		0	31	31	0	
3404905	TREND COMM MENT AL HLTH CTR	11	904	CLIENT NOT ELIGIBLE ON SERVICE DATE					
		8599	352	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1415	3199	1784	
		120	52	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM					
3404907	RUTHERFORD-POLK	8599	1628	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
		21	683	DUPLICATE OF CLAIM-SYSTEM	94	2788	4924	2136	
		8000	158	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL					
3404910	PATHWAYS	8599	174	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
		8931	171	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	191	643	10612	9969	
		8505	130	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET					
3404912	CATAWBA COUNTYM ENTAL HEALT	11	117	CLIENT NOT ELIGIBLE ON SERVICE DATE					
		0	0		0	117	227	110	
3404913	MECKLENBURG COM ENTAL HEALT	11	304	CLIENT NOT ELIGIBLE ON SERVICE DATE					
		8505	298	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	624	818	194	
		8622	18	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.					

Sheet1

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404916	CROSSROADS BEHA	8599	128	DETAIL NOT COVERED BY COMBINAT				
	VIORAL HEAL			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	98	CLIENT NOT ELIGIBLE ON SERVICE	22	409	5387	4978
				DATE				
		8621	57	60 RESIDENTIAL LEVEL III TREAT				
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
3404917	CENTERPOINT HUM	11	607	CLIENT NOT ELIGIBLE ON SERVICE				
	AN SERVICES			DATE				
		8599	256	DETAIL NOT COVERED BY COMBINAT	181	1250	3216	1966
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8935	92	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404918	ROCKINGHAM CO M	11	110	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		8599	87	DETAIL NOT COVERED BY COMBINAT	14	243	981	738
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8505	19	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404919	GUILFORD CO MEN	8505	691	CLAIM DENIED DUE TO INSUFFICIE				
	TAL HEALTHC			NT BUDGET				
		8599	466	DETAIL NOT COVERED BY COMBINAT	128	1941	5066	3125
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8800	134	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404920	ALAMANCE CASWEL	8505	1709	CLAIM DENIED DUE TO INSUFFICIE				
	L AREA MH D			NT BUDGET				
		21	163	DUPLICATE OF CLAIM-SYSTEM	111	2159	3989	1830
		8599	129	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404921	ORANGE PERSON C	5312	3595	PRIOR AUTHORIZED DOLLARS EXCEE				
	HATHAM AREA			DED				
		21	2779	DUPLICATE OF CLAIM-SYSTEM	163	9036	11784	2748
		5404	679	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404922	THE DURHAM CENT	21	3701	DUPLICATE OF CLAIM-SYSTEM				
	ER							
		120	632	CLIENT ID NUMBER MISSING OR IN	0	5294	7854	2560
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
		8599	344	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				

Sheet1

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404923	VGFW AREA AUTHORITY	8599	48	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		120	37	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	0	124	1369	1245
		11	31	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404924	PIEDMONT AREA M H/DD/SAS	8525	432	CLAIM DENIED, REFERRING PROVIDER MUST BE AN LMA.				
		191	99	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME	0	531	531	0
3404925	SANDHILLS CENTER FOR MH/DD	8505	3278	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8800	439	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	120	4103	5518	1415
		8599	141	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404926	SOUTHEASTERN REGIONAL MENTAL HEALTH	11	269	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	112	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	91	643	3333	2690
		8621	48	60 RESIDENTIAL LEVEL III TREATMENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404927	CUMBERLAND COUNTY MHC	8599	112	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		5404	50	SEVERE DUPLICATE: SAME ATTENDING PROVIDER/PCODE/TOS/DOS/MOD	29	292	3383	3091
		8621	25	60 RESIDENTIAL LEVEL III TREATMENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404929	LEE HARNETT MHC DD/SAS	21	323	DUPLICATE OF CLAIM-SYSTEM				
		11	110	CLIENT NOT ELIGIBLE ON SERVICE DATE	2	500	904	404
		8599	22	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404930	JOHNSTON COUNTY MENTAL HEALTH	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	15	15

Sheet1

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404931	WAKE CO HUM SVC	8505	546	CLAIM DENIED DUE TO INSUFFICIE				
	BILLING OF			NT BUDGET				
		8502	123	CLAIM DENIED DUE TO INSUFFICIE	0	702	1652	950
				NT ALLOTMENT				
		191	31	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404932	RANDOLPH/SANDHI	11	18	CLIENT NOT ELIGIBLE ON SERVICE				
	LLS CO MH C			DATE				
		8502	10	CLAIM DENIED DUE TO INSUFFICIE	2	35	74	39
				NT ALLOTMENT				
		5404	2	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404933	SOUTHEASTERN CT	8505	258	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8000	51	NO RATE AVAILABLE ON FILE TO P	43	451	2201	1750
				RICE THIS CLAIM DETAIL				
		8931	33	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404934	ONslow COUNTY B	8505	101	CLAIM DENIED DUE TO INSUFFICIE				
	EHAVIORAL H			NT BUDGET				
		11	76	CLIENT NOT ELIGIBLE ON SERVICE	34	297	664	367
				DATE				
		8935	29	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	0
3404936	WILSON-GREENE M	8931	71	AMTNC INELIGIBLE TO RECEIVE SE				
	ENTAL HEALT			RVICES IN IPRS.				
		11	31	CLIENT NOT ELIGIBLE ON SERVICE	91	173	2073	1900
				DATE				
		8599	26	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404937	EDGEcombe NASH	8599	990	DETAIL NOT COVERED BY COMBINAT				
	MNTL HLTH C			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8000	489	NO RATE AVAILABLE ON FILE TO P	640	2286	13955	11669
				RICE THIS CLAIM DETAIL				
		8935	460	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				

Sheet1

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404938	HALIFAX COUNTYM	0	0	*** NO DATA TO REPORT ***				
	ENTAL HEALT							
		0	0		0	0	0	0
3404939	NEUSE MENTAL HE	8599	176	DETAIL NOT COVERED BY COMBINAT				
	ALTH CENTER			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8000	125	NO RATE AVAILABLE ON FILE TO P	30	547	2016	1469
				RICE THIS CLAIM DETAIL				
		21	88	DUPLICATE OF CLAIM-SYSTEM				
3404941	PITT CO MH/DD/S	120	111	CLIENT ID NUMBER MISSING OR IN				
	AS CENTER			VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
		191	63	CLIENT ID NUMBER DOES NOT MATC	6	265	1002	737
				H PATIENT NAME				
		143	27	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
3404942	ROANOKE CHOWANH	8599	101	DETAIL NOT COVERED BY COMBINAT				
	UMAN SERVIC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8326	60	ATTENDING PROVIDER NUMBER IS R	7	204	1551	1347
				EQUIRED WHEN BILLED WITH GROUP				
				NUMBER. ADD ATTENDING NUMBER A				
		11	22	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404943	ALBEMARLE MENTA	8505	41	CLAIM DENIED DUE TO INSUFFICIE				
	L HEALTH CE			NT BUDGET				
		8544	39	CLAIM DENIED DUE TO INVALID FR	17	157	880	723
				OM DATE OF SERVICE				
		8599	27	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404944	EASTPOINTE HUMA	21	50	DUPLICATE OF CLAIM-SYSTEM				
	N SERVICES							
		8599	34	DETAIL NOT COVERED BY COMBINAT	66	194	1962	1768
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	33	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404946	FOOTHILLS AREAM	7007	134	EXCEEDS MAXIMUM UNITS ALLOWED				
	ENTAL HEALT			PER MONTH(S)				
		143	78	CLIENT ID NUMBER NOT ON STATE	1	311	1560	1249
				ELIGIBILITY FILE				
		8599	60	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				

Sheet1

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404957	TIDELAND MENTAL	8505	335	CLAIM DENIED DUE TO INSUFFICIE				
	HEALTH CTR			NT BUDGET				
		8800	54	FURTHER PROCESSING NECESSARY,	0	406	487	81
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		11	16	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404959	DAVIDSON CO MEN	8524	23	CLAIM DENIED, PROVIDER MUST BE				
	TAL HLTH CT			DESIGNATED AS A BILLING				
				PROVIDER.				
		0	0		0	23	23	0
3404979	NEW RIVER AREAM	8599	266	DETAIL NOT COVERED BY COMBINAT				
	H/DD/SA PRO			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	168	AMTNC INELIGIBLE TO RECEIVE SE	210	673	8026	7353
				RVICES IN IPRS.				
		21	96	DUPLICATE OF CLAIM-SYSTEM				